

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT  
PENNSYLVANIA

MICHAEL M. ALLAH

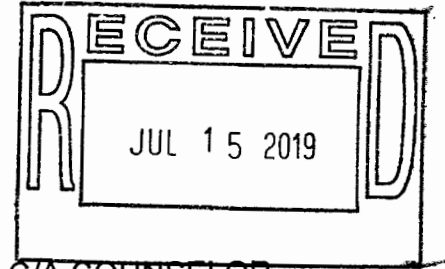
**FILED**

CIVIL ACTION

JUL 15 2019

V.

JOHN C. THOMAS, ET AL. By KATE BARKMAN, Clerk  
Dep. Clerk #15-5593



MOTION FOR THIS COURT TO ORDER INSTRUCT PLAINTIFF C/A COUNSELOR  
MR. JAMES AND/OR UNIT MANAGER MR. LEE TO ALLOW HIM TO MAKE A LEGAL  
PHONE CALL TO DREXEL INFECTIOUS DISEASE CENTER DOCTOR BO HWA LEE

1. PLAINTIFF HAS UNTIL JULY 15, 2019, TO RESPOND TO DEFENDANT'S MOTION FOR SUMMARY JUDGEMENT.
2. PLAINTIFF HAS ASK HIS BLOCK UNIT MANAGER MR. LEE AND COUNSELOR MR. JAMES TO ALLOW HIM TO MAKE A LEGAL PHONE CALL AT HIS EXPENSE TO DREXEL INFECTIOUS DISEASE CENTER BECAUSE WHEN PLAINTIFF TRY TO MAKE THE CALL A AUTOMATIC ANSWERING MACHINE COME ON NOT ALLOWING THE PRISON PHONE SYSTEM TO CONNECT THE CALL. PLAINTIFF IS TRYING TO SECURE AN AFFIDAVIT FROM DR. BO HWA LEE, PLUS HIS MEDICAL RECORDS.
3. PLAINTIFF CASE HINGES ON THESE MEDICAL RECORDS AND AFFIDAVIT OF DR. LEE.
4. PLAINTIFF COUNSELOR MR. JAMES IS REFUSING TO ALLOW PLAINTIFF TO MAKE THIS LEGAL PHONE CALL. AND HE ONLY HAS UNTIL JULY 15, 2019, TO RESPOND TO THE DEFENDANT'S MOTION.
5. PLAINTIFF HAS IN THE PAST SEND THREE (3) AUTHORIZATION FOR RELEASE OF INFORMATION OF MEDICAL RECORDS.
6. HOWEVER, PLAINTIFF WAS SENDING THESE REQUEST TO THE WRONG ADDRESS. SEE: SECOND REQUEST DATED: 6/1/2019.
7. ON 7/7/2019, PLAINTIFF SEND THE THIRD REQUEST TO THE PROPER ADDRESS. SEE: THIRD REQUEST DATED: 7/7/2019. ALONG WITH A HIPPA COMPLAINT AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS, DATED: 7/7/2019.
8. PLAINTIFF ALSO NEED THIS COURT TO HAVE THE CLERK OF COURT TO ISSUE HIM A SUBPOENA SO THAT DREXEL INFECTIOUS DISEASE CENTER CAN SEND THESE MEDICAL RECORDS TO PLAINTIFF AT SCI-FOREST.
9. THIS AFFIDAVIT BY DR. LEE ALONG WITH THE MEDICAL RECORDS WILL SHOW A DISPUTED FACTUAL ISSUE OF MATERIAL FACTS: THESE FACT ARE

IMPORTANT FOR PLAINTIFF TO OVERCOME THE DEFENDANT'S MOTION FOR SUMMARY JUDGEMENT AND THE CASE HINGES ON THESE DISPUTED MATERIAL FACTS.

THEREFORE, FOR ALL OF THE ABOVE REASONS THIS PLAINTIFF ASK THAT THIS COURT ISSUE A ORDER TO SCI-FOREST ALLOWING PLAINTIFF TO MAKE THIS LEGAL PHONE CALL AT PLAINTIFF EXPENSE SO HE CAN ATTAIN A AFFIDAVIT AND NEEDED MEDICAL RECORDS. AND PLAINTIFF WILL NEED AN ADDITIONAL 45 DAYS IN ORDER TO RESPOND TO THE DEFENDANTS MOTION FOR SUMMARY JUDGEMENT. PLUS, FOR THE CLERK OF COURT TO ISSUE A SUBPOENA TO DREXEL... FOR THESE MEDICAL RECORDS.

WHEREFORE, PLAINTIFF ASK THAT THIS MOTION BE GRANTED SO HE CAN COMPLETE HIS RESPONSE TO THE DEFENDANT'S MOTION.

/s/ Michael M. Allah

MICHAEL M. ALLAH, #LK-7642

P.O. BOX 945

MARIENVILLE, PA 16239

DATE: 7/8/2019

HIPPA COMPLIAINT AUTHORIZATION FOR THE RELEASE OF  
MEDICAL RECORDS UNDER 45 C.F.R 164. 508

TO: Dr. Bo Hwa Zee - Drexel Infectious Disease Center  
Name of Health Provider/Physician/Facility

1427 Vine Street, 3rd Floor,

Address

Philadelphia, PA 19102

City, State and Zip Code

RE: Hep - C Treatment Medical Records

Patient Name

Michael M. Allah #LK7642

Date of Birth

11-28-1958

Address

SCI - Forest

SMART/Communications - P.O. Box 33028 - St. Petersburg, FL  
33733

Social Security Number

1. I authorize the disclosure of all protected information to Ms. Lillian M. Wilson  
(sister) 1033 Sharon Ave. Sharon Hill, PA 19079, for the  
purpose of review and evaluation.

2. I request that the designated records custodian of all covered entities under HIPPA identified above  
disclose full and complete protected medical information including the following:

A. All medication records, including in-patient, out-patient and emergency room treatment, all  
clinical charts, reports, order sheets, progress notes, nurse's notes, clinic records, treatment plans,  
admission records, discharge summaries, request for and reports of consultations, documents,  
correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten  
notes and records received by other physicians.

B. All physical, occupational and rehab request, consultations and progress notes.

C. All disability records.

E. All autopsy, laboratory, histology, cytology, pathology, radiology, CT scan, MRI, MRA, EMG, nerve conduction study, echocardiogram and cardiac catheterization reports.

F. All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.

G. All billing records including all statements, itemized bills, and records of billing to third party payers and payment or denial of benefits.

3. This protected health information is disclosed for the purposes: **Examination and Evaluation.**

4. This authorization is in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 C.F.R. 2.31, the restrictions of which have been specifically considered and expressly waived. This authorization does not apply to psychotherapy notes, psychiatric or psychological records.

5. I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to you at the above referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer be protected under 45 C.F.R. 164.508.

6. Any facsimile, copy or photocopy of the authorization authorizes you to release the records covered by this authorization.

7. This authorization will be in force and effect until two years from date of execution, at which time this authorization will expire.

Michael M. Allah

Name of Patient

7/ /19

Date

Michael M. Allah

Signature of Patient



DC-108  
Revised 12/07

**PENNSYLVANIA DEPARTMENT OF CORRECTIONS**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
 (THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print) <b>Michael M. Allah</b>	Inmate/Employee # <b>LK 7642</b>	Date of Birth <b>11/28/1958</b>	Inmate Social Security # <b>201488873</b>
Medical/Dental Records	Mental Health Records	Drug & Alcohol Treatment Records	HIV Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Records (General) <input checked="" type="checkbox"/>

I, the undersigned, hereby give my consent for  
 (name and address of facility/responder)

Orexel Infectious Disease  
219 N. Broad St 2nd Floor  
Phila. PA 19109

To release information to  
 (name and address of requester)

Michael M. Allah, #LK 7642  
SCI-Forest  
Smart Communications  
P.O. Box 33028  
St. Petersburg, FL 33733

I hereby authorize the above named source to release or disclose information related to the above referenced  
 records/information to the requester during the period beginning 7/2016 and ending 4/2017  
 The information being requested is: All lab work and treatment for Hep-C

All Dr. So Hwa Lee reasons for requesting that Allah be treated  
with the new drug Zepher Authorization for disclosure is being given for the purpose of  
Allah's litigation in Re: Allah V. Thomas et al Civil  
Docket # 15-5593 to respond to Defendants Motion for Summary  
Judgement.

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV) **Authorizations for release of mental health records expire in 180 days**

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection

Disclosure of general information is information contained in an inmate's DC-15 Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentiality of HIV-Related Information Act, 35 P.S. §7601 et seq.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization

Michael M. Allah 6/11/19 Kenneth Jaxon 6/11/19  
 Employee/Inmate Signature Date Signature of Witness Date

White Copy – Responder

Yellow Copy – Requester

Pink Copy - Inmate

DC-108  
Revised 12/07

**PENNSYLVANIA DEPARTMENT OF CORRECTIONS**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
 (THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print) <b>Michael M. Allah</b>		Inmate/Employee # <b>LK-7642</b>	Date of Birth <b>11/28/1958</b>	Inmate Social Security # <b>201488873</b>
Medical/Dental Records	Mental Health Records	Drug & Alcohol Treatment Records	HIV Information	Records (General) <input checked="" type="checkbox"/>

I, the undersigned, hereby give my consent for:  
 (name and address of facility/responder)  
Orexel Infectious Disease  
Attn: Dr. Bo Hwa Lee  
1427 Vine St 3rd Floor  
Phila. PA. 19102

To release information to:  
 (name and address of requester)  
Michael M. Allah # LK7642  
SCI-FOREST  
SMART/Communications  
P.O. Box 33028  
St. Petersburg, FL 33733

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning 7/20/16 and ending 4/2017.  
 The information being requested is All lab work and treatment for Hep-C  
Attn: Dr. Bo Hwa Lee consents for requesting that Allah be treated  
with the new drug Zepatier Authorization for disclosure is being given for the purpose of  
Allah's litigation in RE: Allah V. Thomas et al Civil Docket # 15-5593  
to respond to Defendants Motion For Summary Judgement

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). **Authorizations for release of mental health records expire in 180 days**

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentiality of HIV-Related Information Act, 35 P.S. §7601 et seq.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Michael M. Allah 7/7/19  
 Employee/Inmate Signature Date

Kenneth Jaisa 7-7-19  
 Signature of Witness Date

White Copy - Responder

Yellow Copy - Requester

Pink Copy - Inmate

CERTIFICATE OF SERVICE

I, MICHAEL M. ALLAH, HEREBY CERTIFY THAT I HAVE SERVED A COPY OF THE FOREGOING PLAINTIFF "MOTION" ON THE FOLLOWING PARTIES ON JULY 8, 2019

Carlton J. Goodrich  
Kenneth D. Powell Jr.  
2000 Market St. 13<sup>th</sup> Fl.  
Phila. PA. 19103

/s/ M. M. Allah

MICHAEL M. ALLAH, #LK-7642

P.O. BOX 945

MARIENVILLE, PA. 16239

DATE: 7/8/2019